



Holy Places Grants for New Church Ministries

Church Name: _____ Year congregation started: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

Contact Person: _____

Email: _____

Phone: (Office) _____ (Home): _____

(Cell) _____ (Fax): _____

What is the racial/ethnic makeup of the congregation?: _____

Congregation initiated by:

1) Individual _____ 2) Region _____ 3) Another Congregation _____ 4) Affiliation _____

Attach Detailed Financial Statements (Income Statement & Balance Sheet)

Other Information

Average Worship Attendance _____

Disciples Mission Fund Giving _____

Resources available for new Holy Place:

Cash on hand: \$ _____

Regional Grant: \$ _____

DCEF Loan: \$ _____

Other sources (explain): _____ \$ _____

Total \$ _____

Have you identified a new Holy Place for your ministry? _____ Yes _____ No

Address or intersection: _____

Acquisition or lease cost: _____

Anticipated acquisition or possession date: _____

Date of DCEF/Hope consultation visit: _____

Date of structural inspection (if property acquisition): _____

Case for Support: On no more than one separate page, please submit a narrative that:

- describes your ministry and plans for its sustainability;
- explains the rationale behind the selection of your new Holy Place and how it will be used to facilitate your ministry; and
- makes a case for how a Holy Place Grant will benefit your ministry.

Please attach the Case for Support and your most recent financial statement, and send the application to:

Holy Places Grant Fund Chairperson
 Disciples Church Extension Fund
 P.O. Box 7030
 Indianapolis, IN 46207

The signers and the applying congregation agree that the information they have provided is true and correct; that they are authorized to make this application; and, they agree to the attached Site Acquisition Terms & Conditions in their entirety. The signers further represent that they are not related to each other by blood or marriage or any other form of familial relationship.

_____ Date _____
 Congregational Representative Name & Title

_____ Date _____
 Congregational Representative Name & Title

_____ Date _____
 Regional/Area Representative Name & Title

Note: If the grant is approved, the grantee gives approval for publication of the receipt and use of grant funds.